

Redeployment Resource Manual

"Operation Iraqi Freedom"
"Operation Enduring Freedom"
"Operation Noble Freedom"



Fort Riley, Kansas

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Developed by: The Soldier and Family Support Center

and

The Installation Prevention Team



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Your Spouse may be thinking...

- How much has my spouse changed?
- Have I made good decisions about money?
- Did I do OK with the kids?
- Will I have to stop seeing my friends so much?
- Will we still have things to talk about?

Your children may be thinking...

- Will the rules at home change?
- Will I get into trouble for being bad sometimes?
- How long before he/she goes again?
- Will he/she be happy to see me?

Changes to expect...

- More independence
- New Rules
- New Roles

Anticipate and act...

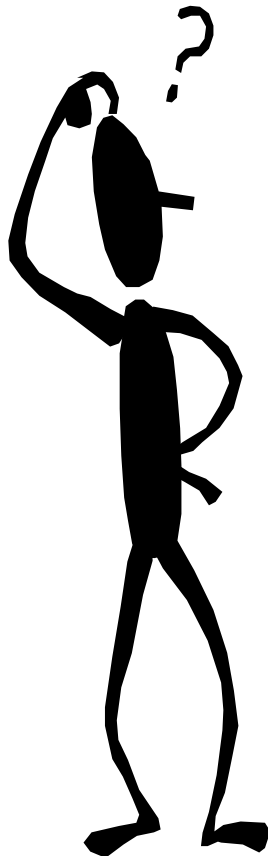
- Expect differences
- Guard your health
- Identify new options
- Be patient

Coping strategies...

- Approach each other as equals
- Arrange quiet time
- Stay positive
- Be realistic

Realistic expectations... Expect him or her...

- To be different
- To find you changed
- To Get mad if you move too fast
- To be apprehensive about \$
- Want to vent some anger



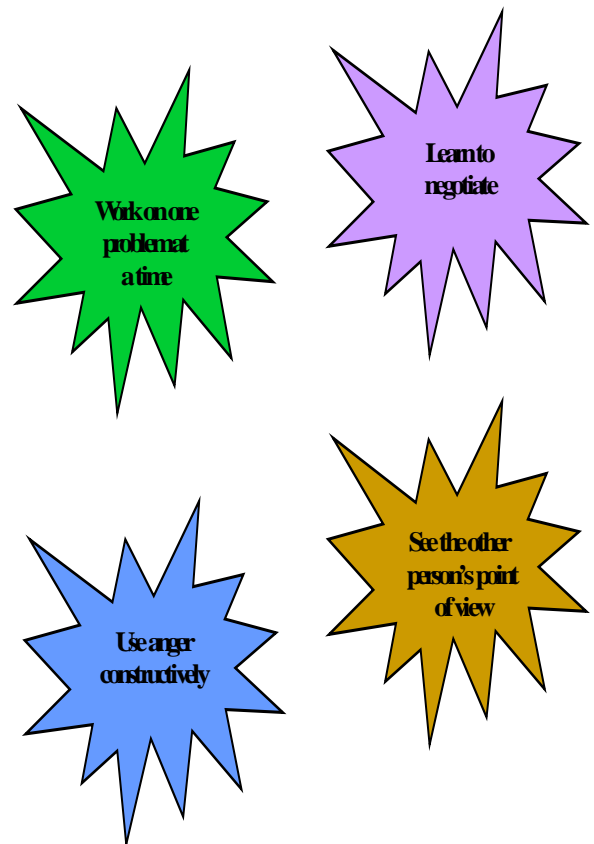
Reunion Strategies...

- Talk with your spouse—keep lines of communication open
- Talk with your children
- Practice reversing roles
- Make the homecoming special
- Don't solve problems immediately
- Don't expect things to be perfect or the same
- Allow several weeks for "decompression"
- Expect role and personal changes
- Re-budget and think before you spend
- Go slow! All change is stressful even positive change

Handling anger... Some myths about marriage...

- Happy marriages don't have conflict
- In successful marriages, partners are always completely compatible
- People can't change the way they act—why try to change them?

Solving conflict



Enriching your marriage...



The Rule of Protection...

★ I will not be the cause of my spouse's unhappiness!

The Rule of Care...

♥ I will meet my spouse's most important emotional needs.

Her common needs...

- Affection
- Conversation
- Honesty and openness
- Financial support
- Family commitment

His common needs...

- Sexual fulfillment
- Recreational companionship
- Physical attractiveness
- Domestic support
- Respect

When to seek help...

When conflicts continue

When interaction is mostly hostile

When you can't relate...

Helpful numbers...

- Chaplains: (785) 239-4357
- Crisis Center: (800) 727-2785
- Family Care Center: (785) 762-4210
- Pawnee Mental Health: (785) 762-5250
- Soldier and Family Support Center: (785) 239-9435
- Social Work Services: (785) 239-7291



Suicide behavior includes:

- Serious suicidal thoughts or threats
- Self-destructive acts
- Attempts to harm, but not kill oneself
- Attempts to commit suicide
- Completed suicide

In most cases, suicidal behavior can be prevented...

- Know the facts
- Recognize warning signs
- Be a "lifeline" buddy
- Be sensitive, caring and proactive

Depression.

Emotional dejection and withdrawal is often associated with suicide. Sadness and an occasional "case of the blues" are normal emotions. However, depression, an abnormal emotional state, is a profound sadness which is present nearly everyday for at least two weeks. In 75 to 80 percent of all suicides, depression is a contributing factor.

Depression is characterized by:

- Poor appetite or significant weight loss or increased appetite or significant weight gain.
- Change in sleep habits
- Behavioral agitation or a slowing of movement
- Loss of interest or pleasure in usual activities, a decrease in sexual drive
- Loss of energy, fatigue
- Complaints or evidence of diminished ability to think or concentrate
- Feelings of worthlessness, self-reproach, or excessive guilt
- Withdrawal from family and friends
- Drastic mood swings
- Sudden change in behavior

Be alert for these signals... Direct verbal cues...

- "I'm going to kill myself"
- "I'm going to commit suicide"
- "I want to end it all"
- "I want to die"

Indirect verbal cues...

- "I'm tired of life" -a sad expression
- "Who cares if I'm dead anyway?" -sighs often
- "I can't go on anymore" -Pessimistic
- "You'd be better off without me" -cynical

Behavioral cues.....

- Buying a firearm
- Stockpiling pills
- Putting affairs in order
- Sudden interest in wills, funerals, and life insurance
- Selling or giving away possessions
- Visits to sick call when not sick
- Frequent illness
- Excessive weight loss or gain

Suicide **FACTS** and **MYTHS**...

MYTH: *Suicidal persons are crazy.*

FACT: Most suicidal persons are not crazy.

MYTH: *All suicidal people want to die and there is nothing that can be done about it.*

FACT: Most suicidal people are undecided about living or dying. They may gamble with death, leaving it to others to rescue them. Frequently they call for help before and after a suicide attempt.

MYTH: *People who talk about suicide rarely attempt or commit suicide.*

FACT: Nearly 80% of those who attempt or commit suicide give some warning of their intentions. When someone talks about committing suicide, they may be giving a warning that should not be ignored.

MYTH: *Once a person is suicidal, they are suicidal forever.*

FACT: Most suicidal people are that way for only a brief period in their lives. If the attempter receives the proper assistance and support, they will probably never be suicidal again. Only about 10% of attempters later complete the act.

MYTH: *Improvement following a suicidal crisis means the risk is over.*

FACT: Many suicides occur within 90 days after the beginning of "improvement" when they seem to have the energy to act on morbid thoughts and feelings. The desire to escape life may be so great that the idea of suicide represents relief from a hopeless situation. Therefore, we must be particularly attentive to the suicidal individual.

MYTH: *Talking to someone about suicidal feelings will cause them to commit suicide.*

FACT: Talking to someone about their suicidal feelings usually makes the person feel relieved that someone finally recognized their emotional pain and they feel safer talking about it.

Communicating with children...

- Keep the child's age and communication abilities in mind
- Praise the child for what they have accomplished while you were away
- Acknowledge the child's feelings; allow the child to talk about feelings
- Start with a clean slate; past wrongs do not count
- Accept that it will take time to adjust as a family again
- Expect changes—the children may not like to do the same things as before you left
- Take personal time with each child, such as arranging a "date" with each child
- Do not criticize
- Reconnect with each child individually, as well as a family
- Remember that all children are different and may react differently
- Talk! Talk! Talk!

Potential child behaviors when deployed parent returns...

- The child may wonder why you left
- The child may pretend initially they do not care about you
- The child may attach themselves firmly to you
- The child may express anger or jealousy over parent interaction
- The child may become anxious and insecure about what to expect
- The child may feel guilty they did not do enough while you were away
- The child may dread your return if they believe they will be disciplined for all the wrongs committed
- The child may be angry with you due to your absence and feel guilty for being angry
- The child may need time to warm up to you
- The child may be happy and excited
- The child may talk non stop to bring you up to date on all you have missed
- The child may run to you or totally withdraw from you

Remember: all children are different and will adjust in different ways at different times



When consequences don't work...

"How to know when it is time for parenting classes"

If the following is occurring in your home you may consider parenting classes:

- If you as the parent are feeling and showing anger or frustration above and beyond the norm and lack empathy toward the child
- If you find yourself warning and re-warning the child about the same behavior—remember you are being tested to follow through with the pre-stated consequence by the child
- If you are spending more time on acknowledging negative behavior versus positive behavior
- If you continue to provide choices after the child has become resistant—then you need to be consistent!
- You may need to consider professional help if behavior problems become difficult for you to handle, if your usual methods of managing are not working or your child becomes a danger to themselves or others.



Improving communication with spouse...

- 84% of all communication is non-verbal
- Communication = words, tone of voice, timing, pace, body language, symbols and the ability to listen
- Good communication allows you to connect with others, solve problems, and live together in harmony
- Communication is giving and receiving messages
- Effective listening skills are a must for good communication; pay close attention, never interrupt, ask questions that show you understand
- Skillful responses = positive feedback (focus is on the problem not the person) and negative feedback (focus is on the person not the problem)
- Good face to face communication includes being clear and precise, using appropriate eye contact, receptive body language and voice tone
- Road blocks to communication include "you" statements, lecturing, giving orders, giving too much advice, making fun of others and not listening
- Winning communication includes use of the "I" statements, reflective feelings, being assertive (expressing your feelings and opinions, honestly, openly, without attacking others at the right time)
- How to respond when someone is angry: Stay calm, talk in a quiet voice, acknowledge their feelings and stay on task
- Remember that your spouse and children also serve when you serve—there may be some confusion or conflict regarding expectations upon your return—be patient, take it slow and talk through it

"There is nothing like understanding and being understood"

Entitlements fact sheet...Deployment Entitlements



Basic allowance for subsistence (BAS)

- All soldiers who deploy under TDY or TCS orders will retain their Separate Rations and will not have to pay for meals in the theater (this is all deployed soldiers)

Incidental portion of the per diem rate

- Redeploying soldiers will be entitled to a \$3.50 per day (while deployed) for incidental expenses. Soldier must file a TDY voucher (DDI 1351-2) upon redeployment. (this will take place at home station)

Hostile fire pay

- SWA is designated as a hostile fire pay area. It is payable in the full amount of \$225.00 without prorating or reduction, for each month, during any part of which a soldier qualifies. Entitlement will start upon arrival OCONUS and terminate upon return to home station.

Hardship duty pay (SAVE pay) supersedes foreign duty pay

- From \$50.00 to \$150.00 payable to **enlisted** soldiers. Prorated on a 30 day basis. Entitlement will start upon arrival to OCONUS and terminate upon departure to home station.

Family separation allowance (FSA/T)

- Paid when soldiers are involuntarily separated from their legal dependents for **more than 30 days**. The entitlement is \$250.00 per month.

Combat zone income tax exclusion

- Military pay for soldiers is not subject to withholding of Federal and State income tax. Beginning April 1, 1996, the pay for commissioned officers exempt from tax was capped at the level of pay earned by the CSM of the army + \$150.00. The cap is currently \$5,532.90.

Leave and Earning Statement (LES)

- LES(s) and Net Pay Advice(s) will be sent to soldiers at the deployment site. In the event a duplicate LES is required, a spouse may use a power of attorney authorizing LES pickup by the unit rear detachment commander or NCOIC.

Savings deposit program (SDP)

- Individuals may deposit amounts not to exceed their unallotted current pay and allowances (their net pay after all deductions and allotments are subtracted). This is initiated by the soldier in the theater. Money may be deposited into the program by cash, personnel check, money order or allotment. Deposits may be discontinued or withdrawn at any time.
- This program earns 10% interest per year, compounded quarterly (2.5% per quarter). The maximum amount that may accrue interest is \$10,000. Once per quarter, individuals may request the money in their account in excess of \$10,000.
- The money must be withdrawn 90 days after leaving the designated area; interest will accrue 90 days after the deployment. Once the individual has permanently departed the designated area they may close the account and receive the entire amount in the account. To receive the funds, the individual must write a letter requesting the funds with the following information,

Savings deposit program(cont)...

- DFAS Cleveland Center, ATTN: Code FMMA, 1240 E. 9th Street, Cleveland, OH 44199-2055. Commercial Phone: 216-522-6454/fax 6924; DSN 312-580-6545; Toll Free: 800-624-7368; POC: Mr. Robertson

BAH...

- Any member not assigned to government quarters is entitled to BAH at all times. This will include those members who give up their off post housing and put their household goods in storage for a deployment. BAH is not tied to storage of household goods.

Additional information...

- Open season TSP 15 April 2008–30 June 2008
- Speak with unit rear detachment or finance customer service section at 239-5064



READY YOUR LES

LEFT COLUMN

HHP (Hostile Fire Pay)	\$225.00
FSH (Family Sep. Allow)	\$250.00
SAVEPAY (Depending on Location)	\$50.00-\$150.00

- Upon redeployment after filling out a DD 1351-2 soldiers will receive \$3.50 per day that they were deployed.

MIDDLE COLUMN

There should be NO tax deduction

HCA Soc Security	YES
HCA Medicare	YES

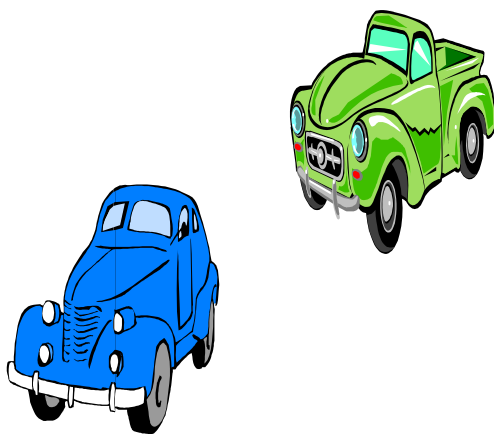
- Make sure your pay was/is correct, check with your CFNCO. If you were overpaid it will be taken back out.

Financial/Debt Liquidation—ACS 239-5032

Car Buying Tips.....

DO..

- Shop around. This includes the new car lots
- Research the car you are thinking about buying
- Read all of the contract, including the fine print
- Look for hidden clauses such as life insurance, warranty charges, shipping costs, etc.
- Find out the value of a trade-in
- Ask a lot of questions if you are not sure about the deal
- See your CFNCO for a budget sheet and car buying tips or information
- Test-drive more than one car
- Find out insurance costs **before** you buy the car (for some, car insurance premiums are more than the car payment).



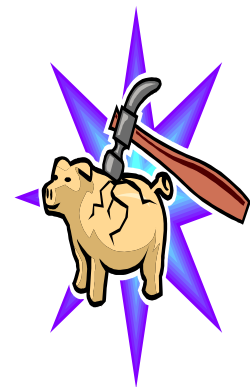
Don't...

- Tell the salesman the amount of payment you can afford
- Sign a contract without reading it first
- Sign a contract with blank spaces; this may bind you to a contract with a higher interest rate and hidden costs
- Be pressured into signing a contract, take a day to think about it and look it over
- Buy more car than you can afford, see your CFNCO for a budget work-up



Commandments for redeploying soldiers...

- Make sure you received the correct pay, no more, no less
 - Consult with your CFNCO before making any major purchases, cars, stereos, etc.
 - Don't argue about money; consult your CFNCO for financial counseling
 - Get two opinions before making a purchase, don't rely on the salesperson's word
 - When making purchases, insure the needs out weigh the wants
 - Develop a plan to pay off your debt, particularly credit cards
 - Establish an emergency fund
 - Look into wise investments
 - Thrift Savings Plan
 - Roth IRA
 - I Bonds
 - **PAY CASH** for your purchases
 - Live by your budget and record your expenditures
- Don't sign contracts without looking into or reading them first



Managing Stress...

- Stress: The nonspecific response of the body to any demand made upon it.
- Eustress: When **YOU** control **YOUR** stress
- Distress: When stress controls **YOU**

Some Interesting Facts About Stress...

- Can be measured by YOUR response to pressure
- "The Stress Ripple"
- Effects on YOUR body: physical, physiological & psychological responses proven to occur

"Top Ten" Family Stressors...

- Economics—"Money"
- Children's Behavior
- Insufficient Couple Time
- Lack of Shared Responsibility in the Family
- Insufficient "Me" Time
- Communicating With Children
- Guilt for not Accomplishing More
- Spousal Relationship
- Insufficient Family Playtime
- Overscheduled Family Calendar



How Does Stress Affect Your Body?..

- Ulcers
- Allergies
- High Blood Pressure
- Heart Attacks
- Strokes
- Headaches
- Lack of energy



10 Ways to Break the Stress Cycle...

- Evaluate Your Stressors
- Determine Your Priorities
- Define Your Self-image
- Manage Your Time
- Take Time out for Yourself
- Build Relationships
- Maintain Perspective
- Practice Assertive Communication

Marriage "Snapshot" Tool

Used with permission PREP, Inc.

This tool is for you only. Your spouse will also have an opportunity to use this tool. It is designed to provide you with a snapshot of where your marriage is today. **No one will ask for or collect these scores.**

These are validated questions that researchers have used in many studies on marriage. While no tool such as this should be taken as being something that can predict your future—the questions and your scores are designed to help you evaluate where your marriage is today. Remember, you can choose to change the things that are not working, and for things that are going well, you can work on ways to enhance and strengthen your marriage further. A strong satisfying marriage is your choice..

If your score indicates a need for change or assistance, please contact your unit chaplain, or an installation or local helping agency for a marriage education workshop or counseling. Many issues can be resolved by awareness, skills training and personal support. Do not assume your marriage will grow without some thinking and effort on your part. Remember: there are people available to help you.

Commitment Questions

Please answer each of the following questions by indicating how strongly you agree or disagree with the idea expressed.

- 1= Strongly Disagree
- 2= Disagree
- 3= Neither Agree Nor Disagree
- 4= Agree
- 5= Strongly Agree

1 2 3 4 5

My relationship with my partner is more important to me than almost anything in my life.

1 2 3 4 5

I like to think of my partner and me more in terms of "us" and "we" than "he" and "him/her".

1 2 3 4 5

I want this relationship to stay strong no matter what rough times we may encounter.

Total up your answers on the above three questions. The highest score here is 15 and the lowest is 3. Relative to many others who have responded to these questions, we suggest these ranges for interpretation. Since most people respond at the higher ranges of these questions:

14 to 15

HIGH You scored high like most of the people who responded to these questions.

12 to 13

MEDIUM Your score suggests some confidence, but also some concerns about how well the two of you manage life together.

11 & below

LOW You scored relatively low on this. The further under 11 you scored, the more it might mean that you are struggling with your desire to be with your partner in the future. If that sounds like you, what does that mean to you and your relationship in the present?

Confidence Questions

Answer each question below by indicating how strongly you agree or disagree with the idea expressed. Circle any number from 1 to 7 to indicate various levels of agreement or disagreement.

1 2 3 4 5 6 7

Strongly
Disagree

Neither Agree
or Disagree

Strongly
Agree

1 2 3 4 5 6 7

I believe we can handle whatever conflicts will arise in the future.

1 2 3 4 5 6 7

I feel good about our prospects to make this relationship work for a lifetime.

1 2 3 4 5 6 7

I'm very confident when I think of our future together.

1 2 3 4 5 6 7

We have the skills a couple needs to make a marriage last.

Total up your answers on the above four questions. The highest score possible is 28 and the lowest is 4.

25 to 28 **HIGH** You scored high, suggesting that you have a lot of confidence in the future of your relationship. As much or more than average.

20 to 24 **MEDIUM** Your score suggests some confidence, but also some concerns about how well the two of you manage life together.

19 and below **LOW** You scored relatively low on this measure, which could mean that you are not feeling very confident in the future of your relationship.

Conflict Questions

Answer each statement in terms of how often you and your spouse/partner experience each of the following situations.

Little arguments escalate into ugly fights with accusations, criticisms, name calling or bringing up past hurts. Does that happen...

1. Never or almost never
2. Once in a while
3. Frequently

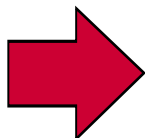
My spouse/partner criticizes or belittles my opinions, feelings, or desires. Does that happen...

1. Never or almost never
2. Once in a while
3. Frequently

My spouse/partner seems to view my words or actions more negatively than I mean them to be. Does that happen...

1. Never or almost never
2. Once in a while
3. Frequently

Marriage Assessment continued on next page.



My spouse/partner seems to view my words or actions more negatively than I mean them to be. Does that happen...

1. Never or almost never
2. Once in a while
3. Frequently

When we argue, one of us withdraws... that is, does not want to talk about it anymore, or leaves the scene. Does that happen...

1. Never or almost never
2. Once in a while
3. Frequently

Total up your answers on the four questions above. The highest score possible is 12 and the lowest score possible is 4. On the first two sets of questions, higher scores are usually better. Here, lower scores are better because they indicate less negative communication patterns of a sort that caused difficulty for most couples.

9 to 12 **HIGH** Scores in this range indicate a high frequency of conflict patterns that various studies suggest damage relationships over time. If you scored high and that matches your sense that the two of you argue often and in damaging ways, you should both consider developing a plan (or get some inside help) for how you will turn these kinds of negative patterns around all the more so if you have children at home.

6 to 8 **MEDIUM** Scores in this range mean you might be seeing more difficulty in how the two of you handle conflict than is really good for you or your relationship over time. It might be good to be thinking together about how you could manage conflicts and differences more constructively so that you do not damage the great things about your relationship. Skill training in an marriage workshop may be very helpful.

2 to 6 **LOW** Your score suggests that the two of you are not spending nearly enough time together in these positive ways. You can get by for a time letting this slide, but to keep your relationship strong you should consider what the two of you can do to rebuild the kinds of positive time you spend together.





Combat stress reaction: Will normally diminish within days or weeks of removal from the situation, sometimes requiring therapeutic help.

Post Traumatic Stress Disorder (PTSD): Symptoms remain longer than a month after removal from the stressful situation, and are stronger in intensity.

The difference between the two is one of intensity and duration of the symptoms. While there are similarities between these two, one should not assume they have PTSD because they have the symptoms of combat stress reaction.

Combat Stress Reactions

What is it?

Combat stress reactions are normal reactions to abnormal, stressful situations.

Can be caused by:

- Combat
- Handling remains of enemy soldiers, civilians, U.S. or allied personnel
- Dealing with POWs
- Witnessing homes or villages destroyed
- Other battlefield stressors

Common Physical Reactions:

- Hands sweating or trembling
- Heart racing
- Need to use bathroom frequently

Common Psychological Reactions:

- Repeatedly seeing images of the battle
- Anxiety
- Hyper-vigilance
- Difficulty concentrating
- Difficulty sleeping
- Nightmares
- Irritability
- Sadness
- Numbness
- Detachment
- Overwhelmed by everyday situations
- Diminished interest in normal tasks or usual interest

Treatment:

- Talk to buddies
- Talk with spouse (spouses give them space; Don't try to force them to talk)
- Talk with Mental Health
- Talk with Chaplain
- Prayer
- Scripture reading



Chemical Misuse and PTSD...

The use and misuse of chemicals in relationship to war is an age-old problem. There are those that use chemicals prior to war to deal with the anxiety and anticipation of what is to come. A misconception of a manly means of dealing with what other wise may be seen or perceived by others as fear. There are those that will turn to the solace that they feel chemicals provide to deal with the results of war and its effects on them. In either case the continued use or misuse of chemicals is an empty regime to combat resolvable issues of war. The use of chemicals will never restore what has been lost or damaged from war, but will itself take from the user what is left.

The following are some symptoms of abuse and dependency that can be used to spot those having difficulties and using chemicals to cope:

- Drinking regularly or cyclically to the point of showing inappropriate behaviors, repeatedly
- Judgment impaired
- Inability to change
- History of pathological use
- Withdrawal symptoms; Blackouts, hallucinations, personality disorders
- Tolerance curve increase
- Social impairments
- Occupational impairments
- Lack of chemical use control
- Preoccupation with chemical
- Violence or violent behavior
- Odor of chemical use at work
- Tardiness and work absence

Using the chemical in spite of concerns from significant others

If these symptoms are observed the active duty soldier should be referred on a DA 8003 to the Army Substance Abuse Prevention Clinic for evaluation and appropriate care if needed. For those reserve soldiers that are deactivated and in the local communities refer to either the Veterans Administration Medical Hospital or the local Mental Health Agencies for evaluation and care.

Metaphor:

People with combat stress reactions have been emotionally wounded.

A physical wound needs to be cleansed

This can be painful.

The wound then must be given time to heal.

It will be sore and extremely sensitive during this time of healing.

An emotional wound is cleansed by talking about the event.

The cleansing can also be painful, but it is very necessary if healing is to occur.

Then, time must be given to heal, during which, there will be sensitivity and soreness.

However, healing is happening.





Purpose of this briefing...

To ensure that any concerns you may have about your health are addressed and that you understand the medical requirements for redeployment.

Medical requirements for redeployment:

- Post-deployment medical threat briefing to all soldiers
- Completing the Post-Deployment Medical Health Assessment (DD Form 2796)
- Receiving Post-Deployment medical screening (DD Form 2796), testing and follow-up
- Continuing Malaria medication for 4 weeks
- Understanding where to go for health problems or concerns

Medical Threats for the Region:

- **Threat Categories**
 - Infectious
 - Vector Borne
 - Animal Associated
 - Environmental
- Diarrhea disease
- Tuberculosis
- Malaria
- Dengue
- Meningococcal Meningitis
- Leishmaniasis
- Q Fever
- Rabies
- Sand fly Fever
- Schistosomiasis
- Typhoid/Paratyphoid
- Typhus
- Boutonneuse Fever
- West Nile Fever
- Leptospirosis

Common Health Problems Reported...

The most commonly reported health problems observed in theater:

- Upper respiratory illness
- Diarrhea

Upper respiratory illness...

- Can be caused by a number of different things, viruses, bacteria, dust particles
- The contributing factors are close living quarters, variation in sleep routine, stress, change in hygiene habits
- Symptoms resolve in a few days
- If you are experiencing signs of upper respiratory illness like draining sinuses, sore throat or cough, for more than two weeks, please seek medical attention

Diarrheal Diseases...

- It is normal for almost everyone to have some gastrointestinal disturbances during deployment or during redeployment due to changes in diet and eating habits
- Can be caused by bacteria, viruses, parasites
- If you currently have diarrhea symptoms (loose watery stools, more than 3x per day) please speak to a health care provider

Infectious Diseases: Tuberculosis.

- Tuberculosis rates in Iraq are some of the highest in the world
 - Caused by a bacteria spread by coughing, sneezing, speaking or spitting from infected persons
- Symptoms
 - Cough continuing for a long time, chest pain, weight loss, night sweats, fever, and weakness
- The TB skin test will show if you have been exposed to someone with active disease, not necessarily that you have the disease
 - Delayed onset of positive test in some folks requires that you be tested twice:
 - a. At the time of redeployment
 - b. At 3-6 months after redeployment (date will be indicated on your DD Form 2796)
 - You must return 48-72 hrs. after the injection to have the test read by health care professional

Infectious Disease: Malaria...

- Blood parasite transmitted by mosquito - Many Iraqis infected
- Symptoms
 - Incubation period: 8-14 days
 - Symptoms: fever, flu-like illness, chills, headache, muscle aches, and fatigue
 - Can be fatal
- It is **CRITICAL** that you continue to take all anti-malarial medication exactly as prescribed. If you do not you can still become sick!



Malaria Medication...

- Continue daily Doxycycline for 4 weeks after departure
- Begin Primaquine on day of departure, take 15 mg per day for 14 days
- For 2 weeks after deployment you will be taking Primaquine together with Doxycycline

Blood Donation...

- If you get Malaria you will be deferred from donating blood for three years

Soldiers who have been to Malarious areas (Iraq), cannot donate blood for 1 year after departing the area and after stopping malaria medication.



Infectious Diseases: Leishmaniasis...

- A protozoal parasite transmitted by sand fly bites
- Symptoms
 - Non-healing sores in nose, mouth, throat
 - Sometimes—fever, weight loss, anemia, swelling of spleen and liver
 - Can be fatal
- If you are experiencing any of these symptoms, make sure you speak to a health care provider!

Sand Flies are very small— only 1/3 the size of mosquitoes!

Animal Associated Diseases...

- Naturally occurring Anthrax
- Rabies
- No exposure to bioagent Anthrax reported
 - Bacteria transmitted by animals, animal hides, or contaminated meat
- Symptoms
 - On skin—starts as a bump → blister → ulcer, swelling and fever
- If you have an ulcer with a black scab or that has had a difficult time healing, please make sure you speak to a health care provider.

Rabies

- The wild dogs roaming troop areas in Kuwait and Iraq could be carrying rabies
- Caused by viruses in the saliva of infected mammals or bats
- Rabies is 100% fatal
- If you were bitten by a dog or any other animal, post exposure treatment must be started immediately

Environmental Threats

- Environmental assessment conducted at all base camps in Kuwait
- Radiation surveys: no health hazard detected
- Air, soil and water analyzed for pesticides, chemicals and heavy metals
 - Results: No harmful chemicals in air, soil or water
- Particulate matter (dust) levels were a moderate hazard
- Smoke from battlefield and oil well fires was not a health hazard

Environmental Threats: Dust

- Dust levels are consistently higher than other areas of the world
- Similar to many industrial areas in the US
- No harmful chemicals detected in the soil or air
- Can cause runny nose, sore throat and cough; may worsen allergies
- Symptoms resolve in a few days

Directions for post-deployment health questions and Concerns.

- Step 1
 - Contact your local MIF for problems, questions, or concerns noticed after redeployment
- Step 2
 - If you feel ill, your primary health care provider can do an initial assessment. If symptoms persist or your condition is not improving request a referral to a specialist.
- Step 3
 - The DOD Deployment Health Clinical Center is always available to answer your questions.

- DOD Deployment Health Clinical Center

Walter Reed Army Medical Center

600 Georgia Avenue, NW

Building 2, Room 3C04

Washington, DC 20307-5001

Phone: (202) 782-6563

Fax: (202) 782-3539

Toll Free Help Line: (866) 559-1627

Http://www.pdhealth.mil

Remember “deploymenthealth.mil”

Military Specials...

- Busch Gardens
- Worlds of Fun
- Disney World
- Universal Studios

Check with your ITR office for specials offered to soldiers returning from Iraq/Kuwait.



Free entry into the park—YES!!!!

Don't forget additional expenditures:

- Meals
- Transportation
- Hotel
- Mother-in-law (NAH)
- Pet boarding (with Mother-in-law)
- Souvenirs
- Miscellaneous Expenditures
- Emergency Fund for car repair
- Do you have your Tri-Care phone numbers in case of an emergency?

Don't dip into next month's budget, the bills will still have to be paid, your family will still need food. If you hear about a special, check it out with your CFNCO. If it sounds too good to be true, - you know the rest.

**Call 239-5032/9435 to speak to a Debt
Liquidation Counselor.**

Returning Home Safety**Before You Start Your Engines...**

- If your vehicle has been in storage don't start your vehicle right away
- Conduct a POV inspection IAW Fort Riley's Safety Management Plan, Attachments E and F.
- Re-orient yourself with the vehicle

Drinking and Driving...

- If you are going to drink, don't drive. Stay put, have a designated driver, call a cab or
- Make a plan before going out on the town and ensure you stick to the plan
- Drinking too much can be deadly, no matter what you are doing

Fatigue Behind the Wheel...

- Be conservative on how far you plan to drive each day
- Drive during the daytime and have a driving partner. Plan ahead to stop somewhere for the night.
- Take plenty of breaks...at least one every two hours. Don't wait until your body tells you, it may be too late
- Leave early enough to allow travel time both going and returning
- Review the Fort Riley POV Toolbox for additional information
- Always wear your seat belt!

Staying Safe Off Duty...

- Use the buddy system and keep an eye out for one another.
- Speak up and take charge if you must intervene
- If you are a leader, set the example and make it clear that you expect everyone to return safely

Hobbies and Sports...

- Know your limits. If your body tells you to stop, do it!
- Wear protective gear and ease yourself back into your favorite sport
- Thunderstorms are fast and deadly. Keep an eye on the weather and move indoors when necessary.

Water Sports...

- Always take a buddy along and only swim in areas with lifeguards
- Look before you leap. Check the water for obstacles under the surface
- Don't drink alcohol!

Boating...

- Take a safe boating course
- Monitor weather conditions
- Always wear a personal flotation device (PFD)
- Don't overload your boat
- Keep clear of swimming areas
- Drink only non-alcoholic beverages

Safety At Home...

- Always wear proper personal protective equipment when using power tools and chemicals
- Do you know where your fire extinguisher is?
- When mowing the lawn, wear shoes or steel-toed boots and safety glasses to prevent eye injuries

Learn From History...

- Traffic and recreational fatality rates plummeted during Operation Desert Storm, then increased dramatically
- Traffic mishap rates are typically higher in the summer months
- Don't let history repeat itself during the coming months

We Can Prevent Needless Deaths...

- Good risk management
- Responsible decisions
- Common sense
- It's **YOUR** choice



Welcome Home!

Fort Riley

- American Red Cross (785)239-1883
- Army Substance Abuse Program (785)239-7311
- Chaplains (785)239-4357
- Child and Youth Services (785)239-9173
- DES, Safety Division (785)239-2514
- Irwin Army Hospital (785)784-1200
- Military Police (785)239-6767
- SFSC (FAP, NPSP, AER, EAP) (785)239-9435
- Social Work Services (785)239-7291
- Deployment Cycle Care Mgt (785)239-7208
- WIC (785)239-5730

Junction City

- Family Care Center (785)762-4210
- Mothers and Infants Program (785)762-5788
- Pawnee Mental Health (785)762-5250

Manhattan

- Bereavement Support Group (785)537-0688

Nation Wide

- Crisis Center 1-800-727-2785
- Parent Help-line 1-800-332-6378
- Veterans Administration (VA) 1-800-827-1000
- Army One Source (24 hours) 1-800-464-8107



WELCOME HOME



WE SALUTE YOU!

Notes.....♦♦

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